TIN: 54-6052427

NO. 1545-004

2018

OMB No. 1545-0047

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

A Fo	or the 2019 o	alendar year, or tax year beginning 01-01-2018 , and ending 12-3	1-2018		<u> </u>			
	ck if applicable:	C Name of organization		D Employer	identifi	cation number		
	dress change	GEORGE C MARSHALL RESEARCH FOUNDATION		54-60524	27			
Nar	ne change			34-00324	Z /			
_	ial return	Doing business as						
	I return/terminated ended return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ito	E Telephone i	number			
_	olication pending		ite	(540) 463	-7103			
		City or town, state or province, country, and ZIP or foreign postal code		(0.10) 100				
		LEXINGTON, VA 24450		G Gross recei	pts \$ 1,0	033,615		
		F Name and address of principal officer:	H(a) Is this	a group retui	n for			
		C RUSSELL FLETCHER		dinates?		🗆 Yes 🛂 No		
		1600 VMI PARADE LEXINGTON, VA 24450		subordinates		☐ Yes ☐ No		
Тах	exempt status	√ 501(c)(3) √ 501(c) () √ (insert no.) √ 4947(a)(1) or √ 527	include If "No	ea? ," attach a list	. (see i	nstructions)		
ı W	hsite: > \/\	VW.MARSHALLFOUNDATION.ORG		exemption no				
•	DSICE W	W.MANSHALLI GUNDATION.GNG						
(Form	n of organization	: V Corporation Trust Association Other	L Year of forma	tion: 1953 M	State o	of legal domicile: VA		
	.							
Pa	rt I Sum	mary						
		scribe the organization's mission or most significant activities: OTE THE SELFLESS SERVICE OF GEORGE C. MARSHALL						
Se	TO PROM	OTE THE SELFLESS SERVICE OF GEORGE C. MARSHALL						
191						_		
le l								
Governance	_	=						
ø								
e e		mber of individuals employed in calendar year 2018 (Part V, line 2a)		•	5	18		
ž		mber of volunteers (estimate if necessary)		•	6	0		
Acumues		related business revenue from Part VIII, column (C), line 12		•	7a	0		
		lated business taxable income from Form 990-T, line 34			7b	0		
	D Net and	nateu susmess tuxuste meetile noim om sum sum sum sum sum sum sum sum sum su	Prid	or Year		Current Year		
	8 Contribu	tions and grants (Part VIII, line 1h)		1,290,06	-	692,152		
2		service revenue (Part VIII, line 2g)		18,94	_	15,758		
Revenue	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)		306,06	_	324,795		
æ		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		49,44	+	-9,873		
		renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,664,51	_	1,022,832		
		nd similar amounts paid (Part IX, column (A), lines 1–3)		-,,	n	0		
		paid to or for members (Part IX, column (A), line 4)			n	0		
		other compensation, employee benefits (Part IX, column (A), lines 5–10)		698,66	3	679,979		
Expenses		onal fundraising fees (Part IX, column (A), line 11e)		0,00,00	n	079,979		
8		raising expenses (Part IX, column (D), line 25) > 218,913		<u>'</u>				
ă		penses (Part IX, column (D), line 25) P218,913 penses (Part IX, column (A), lines 11a–11d, 11f–24e)	717,82	9	577,014			
		penses (Fait IX, Column (A), lines 11a-11u, 111-24e)		1,416,49	+	1,256,993		
_ 99	19 Kevenue	less expenses. Subtract line 18 from line 12	Poginnis -	248,02	+	-234,161		
200			beginning (of Current Yea	'[End of Year		
aga	20 Total ass	sets (Part X, line 16)		8,051,07	3	7,388,401		
Net Assets or Fund Balances		oilities (Part X, line 26)		60,12		49,585		
FEE		ts or fund balances. Subtract line 21 from line 20		7,990,95	_	7,338,816		
				, ,	1	7 7		

	wledge.		-		2019-07-23	
) <u>s</u>	ignature of officer			Date	
ign ere		DUCCELL FLETCHED CHAIRMAN				
		RUSSELL FLETCHER CHAIRMAN ype or print name and title				
		Print/Type preparer's name	Preparer's signature	Date		PTIN
aid					Check if self-employed	P01792749
repa	arer	Firm's name RAETZ & HAWKIN	IS PC CPAS		Firm's EIN > 5	4-1298267
se C		5	01011070557			
	· · · · · ·	Firm's address 128 SOUTH RAND	OLPH STREET		Phone no. (540) 463-7121
		LEXINGTON, VA	244500916			
ay the	IRS disc	cuss this return with the preparer	shown above? (see instructions	s)		. 🗸 Yes 🗌 No
or Pap	erwork	Reduction Act Notice, see the	separate instructions.	Cat	No. 11282Y	Form 990 (2018
			Page 2			
orm 99	90 (2018)				Page
Part II	•	atement of Program Service	re Accomplishments			raye
i dit ii		eck if Schedule O contains a respo	-	Part III		
Bı		scribe the organization's mission:	shad of note to any fine in this	. artiii	<u> </u>	
-	•	ON KEEPS ALIVE THE VALUES THA	T SHAPED AND MOTIVATED GE	ORGE C MARSHALL	MARSHALL'S LEC	SACY IS PERPETUATED
		DLARSHIP, LEADERSHIP AND EDUC		TORGE C. MARSHALL	TARSTIALL 5 LLC	JACT 13 TEN ETOATED
		ganization undertake any significa		e year which were not	listed on	
th	ne prior l	Form 990 or 990-EZ?				🗌 Yes 🔽 No
If	"Yes," c	lescribe these new services on Sch	hedule O.			
		ganization cease conducting, or m	nake significant changes in how	it conducts, any prog	ram	□ v
						. Yes 🛂 No
	•	lescribe these changes on Schedu				
		the organization's program service 01(c)(3) and 501(c)(4) organization				
		and revenue, if any, for each pro		g. g. ac		
			gram service reported.			,
	(Code:) (Expenses \$	201,234 including gran	•) (Revenue \$)
	PROVIDI		201,234 including grar THE MARSHALL LEGACY SERIES TH	•	, ,)
	PROVIDI) (Expenses \$ NG EDUCATIONAL PROGRAMS SUCH AS	201,234 including grar THE MARSHALL LEGACY SERIES TH	•	, ,)
	PROVIDI) (Expenses \$ NG EDUCATIONAL PROGRAMS SUCH AS	201,234 including grar THE MARSHALL LEGACY SERIES TH	IROUGH A SERIES OF EVE	, ,)
lb	PROVIDIF KEY THEN) (Expenses \$ NG EDUCATIONAL PROGRAMS SUCH AS MES, EVENTS OR EPISODES IN GENERA	201,234 including gran 5 THE MARSHALL LEGACY SERIES TH AL MARSHALL'S CAREER. 336,835 including gran	ROUGH A SERIES OF EVE	NTS, PROGRAMS A) ND INFORMATION CENTERED ON 40,862)
4b	PROVIDII KEY THEN (Code: OPERATIO) (Expenses \$ NG EDUCATIONAL PROGRAMS SUCH AS MES, EVENTS OR EPISODES IN GENERA) (Expenses \$ ON OF A MUSEUM DEDICATED TO GEOR	201,234 including gran 5 THE MARSHALL LEGACY SERIES TH AL MARSHALL'S CAREER. 336,835 including gran RGE C. MARSHALL THAT HOUSES MA	nts of \$	NTS, PROGRAMS A) (Revenue \$ RELATED TO GENE) ND INFORMATION CENTERED ON 40,862) ERAL MARSHALL'S CAREER.
lb	PROVIDING KEY THEN (Code: OPERATIO)) (Expenses \$ NG EDUCATIONAL PROGRAMS SUCH AS MES, EVENTS OR EPISODES IN GENERA) (Expenses \$ ON OF A MUSEUM DEDICATED TO GEOF	201,234 including gran 5 THE MARSHALL LEGACY SERIES TH AL MARSHALL'S CAREER. 336,835 including gran RGE C. MARSHALL THAT HOUSES MA	nts of \$ ANY HISTORIC ARTIFACTS) (Revenue \$ RELATED TO GENE) ND INFORMATION CENTERED ON 40,862) ERAL MARSHALL'S CAREER. 3,375)
1b 1c	PROVIDING KEY THEN (Code: OPERATIO)) (Expenses \$ NG EDUCATIONAL PROGRAMS SUCH AS MES, EVENTS OR EPISODES IN GENERA) (Expenses \$ ON OF A MUSEUM DEDICATED TO GEOR	201,234 including gran 5 THE MARSHALL LEGACY SERIES TH AL MARSHALL'S CAREER. 336,835 including gran RGE C. MARSHALL THAT HOUSES MA	nts of \$ ANY HISTORIC ARTIFACTS) (Revenue \$ RELATED TO GENE) ND INFORMATION CENTERED ON 40,862) ERAL MARSHALL'S CAREER. 3,375)
4b 4c	PROVIDII KEY THEN (Code: OPERATIO (Code: COLLECT) (Expenses \$ NG EDUCATIONAL PROGRAMS SUCH AS MES, EVENTS OR EPISODES IN GENERA) (Expenses \$ ON OF A MUSEUM DEDICATED TO GEOF) (Expenses \$ ING, PRESERVING, AND MAKING AVAIL	201,234 including gran 5 THE MARSHALL LEGACY SERIES TH AL MARSHALL'S CAREER. 336,835 including gran RGE C. MARSHALL THAT HOUSES MA 98,020 including gran ABLE TO SCHOLARS A DOUMENTED	nts of \$ RECORD OF THE LIFE AN) (Revenue \$ RELATED TO GENE) (Revenue \$ D PUBLIC SERVICE) ND INFORMATION CENTERED ON 40,862) ERAL MARSHALL'S CAREER. 3,375)
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1 To the expenientian described in section E01/a)/2) or 4047/a)/1) (ather than a private foundation)? If "Vec " complete.

Yes No

1	Is the organization described in section 501(c)(3) or 494/(a)(1) (other than a private roundation)? If res, complete Schedule A	1	res	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С .	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🐿	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV \cdot	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

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Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	•		
4 -	Enter the number reported in Box 2 of Form 1000 Fator 0. If not applicable 1.4-1.		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 5 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1h 0			

U	Lincer the number of Forms wize included in line talence, o in not applicable . I w 0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	
		F	orm 99	0 (2018)
	Page 5 —			
	Tage 3			
Form	990 (2018)			Page 5
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		

b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c]		
	Did the organization receive any payments for indoor tanning services during the tax year			14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000, parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Sci	hedule	N	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on n If "Yes," complete Form 4720, Schedule O	et inve	stment income?	16		No
	2. 100/ Complete 18:11 1/20/ Conceutio C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			F	orm 99	0 (2018)
	Page 6					
Form	990 (2018)					Page 6
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2	throug	h 7h helow and for a "N	o" resno	onse to	
1 (1)	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched	ule O.	See instructions.	o respe	onse to	
	Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management	• •			• •	<u>~</u>
<u> </u>	Ction A. Governing body and Management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	ا ۔ ا	10			
		1a	18			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent					
_		1b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed by supervision of officers, directors or trustees, or key employees to a management compared to the compare			3		No
4	$\label{eq:decomposition} \mbox{Did the organization make any significant changes to its governing documents since the}$	prior F	orm 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization	nizatio	n's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power to members of the governing body?	to elect	t or appoint one or more	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) persons other than the governing body?			7b		No
8	$\mbox{\rm Did}$ the organization contemporaneously document the meetings held or written actions the following:	undert	aken during the year by			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule C</i>	cannot	be reached at the	9		No
Se	ction B. Policies (This Section B requests information about policies not requ	ired b	y the Internal Revenu	e Code	e.)	
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt procedure.	es of su urpose	uch chapters, affiliates, s?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its go form?	vernin	g body before filing the	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form	990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually int conflicts?	erests	that could give rise to	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done	policy	? If "Yes," describe in	12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy? $$. $$.			14	Yes	
15	Did the process for determining compensation of the following persons include a review persons, comparability data, and contemporaneous substantiation of the deliberation and	and ap d decis	proval by independent ion?			
a	The organization's CEO, Executive Director, or top management official			15a 15b	Yes	No
D	Americancers of Key employees of the organization			. 13D		iviti

	Sales Silicers of Rey Chiprojects of the org	,uu										- .	
	If "Yes" to line 15a or 15b, describe the pr	ocess in Schedu	ule O (s	see in	stru	ctio	ns).						
16a	Did the organization invest in, contribute a taxable entity during the year?		rticipate •		_	t ve	nture •	or s	similar arrangement	with a	16	a	No
b	If "Yes," did the organization follow a writt in joint venture arrangements under applie status with respect to such arrangements?	cable federal ta:	x law, a	and ta	ike s	step	s to s	afeg	uard the organizatio		16	b	
Se	ction C. Disclosure												
17	List the States with which a copy of this Fo	orm 990 is requ	ired to	be file	ed▶		VA						
18	Section 6104 requires an organization to ronly) available for public inspection. Indicate Own website	ate how you ma	de the	se ava	ilab	if ap le. (oplicat Check	alĺ	that apply.	1(c)(3)s			
19	Describe in Schedule O whether (and if so					`	•		,	f interest			
	policy, and financial statements available	to the public du	ring the	e tax y	year	•.			·				
20	State the name, address, and telephone n MATTHEW WALDRON 1600 VMI PARADE								nization's books and	records:			
												Form 99	0 (2018)
					_								
				Page	e /								
orm	990 (2018)												Page 7
Par	Compensation of Officers, D	•	stees	, Key	/ Er	npl	oyee	es, I	Highest Compen	sated Emp	loy	ees,	
	and Independent Contracto Check if Schedule O contains a res		a any li	no in	thic	Dar	+ \/II						
Se	ction A. Officers, Directors, Truste										•	<u> </u>	
	emplete this table for all persons required to			-		ŭ					e or	ganization	's tax
/ear.	List all of the organization's current officer	·										J	
	mpensation. Enter -0- in columns (D), (E), a							01	organizations), rega	ruless of affic	unt		
	ist all of the organization's current key em												
vho r	ist the organization's five current highest or eceived reportable compensation (Box 5 of ization and any related organizations.												
of rep	ist all of the organization's former officers, portable compensation from the organization	n and any relate	ed orga	nizati	ons	•							
	ist all of the organization's former directo ization, more than \$10,000 of reportable o										the		
	ersons in the following order: individual tru ensated employees; and former such perso		rs; inst	itutio	nal t	trus	tees;	offic	cers; key employees;	highest			
	heck this box if neither the organization no	r any related or	ganiza	tion c	omp	ens	ated a	any	current officer, direc	tor, or truste	e.		
	(A) Name and Title	(B) Average hours per week (list any hours for	more pers	sition than son is	one both	not box n an	check k, unle office ustee	ess er	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from relate organization	on d ns	Estima amount of compen from	ated of other sation the
		related organizations	8 5	=	Q	줎	용포	Ţ	2/1099-MISC)	(W- 2/1099 MISC))-	organizat relat	
		below dotted	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	Former		11130)		organiz	
		line)	ector drag	utio	~	mpl	st o	<u>a</u>					
			~ £	nal .		oye	om i						
			Stee	Trustee		Φ	en						
				99			sate						
							Ď						
	HN B ADAMS JR	8.00	X		Х				0		0		0
CHAIF			L^		Ĺ		L				_		
2) CH	IRISTINE K CARRICO	4.00											
TREAS	GURER		Х		Х				0		0		0
(3) RI	CHARD A CODY	1.00				T							
TRUS			Х						0		0		0
	ADISON F COLE JR	1.00											
			Х						0		0		0
rrus	EE			1		1		I					

(5) C RUSSELL FLETCHER III	1.00		ΙΙ.	, [Ì			_
VICE CHAIRMAN		Х	×			0	0	0
(6) GEORGE W FORESMAN TRUSTEE	1.00	Х				0	0	0
(7) GREGORY P GASS TRUSTEE	1.00	х				0	0	0
(8) WILLIAM E DREYER TRUSTEE	1.00	Х				0	0	0
(9) DAVID HEIN TRUSTEE	1.00	Х				0	0	0
(10) THOMAS MORRIS TRUSTEE	1.00	Х				0	0	0
(11) JH BINFORD PEAY III TRUSTEE	1.00	Х				0	0	0
(12) THOMAS A PRITCHARD TRUSTEE	1.00	Х				0	0	0
(13) BENNETT L ROSS TRUSTEE	1.00	Х				0	0	0
(14) OLIN WETHINGTON TRUSTEE	1.00	Х				0	0	0
(15) MICHAEL A WILLIAMS TRUSTEE	1.00	Х				0	0	0
(16) JAMES J WINN JR TRUSTEE	1.00	Х				0	0	0
(17) ROBERT G WOODWARD TRUSTEE	1.00	Х				0	0	0 Form 990 (2018)

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Part VII

Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for	pers	an on son is	e bo botl	t ch οχ, ι h ar	eck mo Inless I office Justee)	r	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC) ((W- 2/1099- MISC)	organization and related organizations
(18) R P W HAVERS PRESIDENT	40.00			х				166,941	0	31,556

		1	1	1 1	1.1	I	1		1	1		
					++		+			+		
										+		
										\perp		
										-+		-
										\dashv		
Tota	-Total	rt VII , Sec	tion A		*			166,941	•	0		31,
	otal number of individuals (including reportable compensation from the c			isted a	above) wh	no rece	ived mo	re than \$1	100,000			
											Yes	No
	d the organization list any former o			•				•	d employee on			
	ne 1a? If "Yes," complete Schedule J									3		No
Fo or	or any individual listed on line 1a, is t ganization and related organizations	he sum o: greater t	f reportable cor han \$150,000?	npens <i>If "Ye</i> s	ation and s," compl	other <i>ete Sch</i>	compen nedule J	sation fro for such	m the			
	dividual									4	Yes	
D	d any person listed on line 1a receiv	e or accru	ie compensation	n from	any unre	elated o	rganiza	tion or inc	lividual for			
se	ervices rendered to the organization?	If "Yes," o	complete Sched	ule J f	or such p	erson				5		No
	on B. Independent Contracto											
	omplete this table for your five highe om the organization. Report compen									mpensa	ation	
		(A)	·						(B)		(C)	
	Name ar	nd business	address					Des	cription of services		Compen	sation
										-+		
	I number of independent contractors pensation from the organization > 0		g but not limite	d to th	nose liste	d above	e) who r	received m	nore than \$100,00)0 of		
COIII	pensation from the organization > 0										Form 99 0) (201
				Pag	e 9 —							
n 99	0 (2018)											Page
art V	<u> </u>											rage
	Check if Schedule O contains	a respons	se or note to an	y line i	in this Pa	rt VIII						
				Tot	(A) al revenu	ıe	(I Relate exer func	mpt	(C) Unrelated business revenue		(D) Revenexcluded c under s	ue from
								enue	revenue	tax	512 - 5	
mounts	1a Federated campaigns	1a										
Ē	b Membership dues	1b	268,832									
m,	c Fundraising events	1c	121,550									
ΓA	d Related organizations	1d										
ıila	e Government grants (contributions)	1e										
er Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above	1f	301,770									
d Other	9 Noncash contributions included in lines 1a - 1f:\$											
nd Other Similar A												

ರ ಕ	h Total. Add lines 1a-1f	. •	692,152			
Ф		Business Code				
Program Service Revenue	2a ADMISSIONS	900099	12,383	12,383		
e K	LIBRARY & ARCHIVAL SER	900099	3,375	3,375	1	
æ		300033				
ž	c ———					
Š	d					
rail	e					
rog	f All other program service revenue.	15,758	_			
Ω.	9 Total. Add lines 2a−2f	,				
	3 Investment income (including dividends, interest,	and other				
	similar amounts)	ceeds				
	5 Royalties		486			486
		Personal				
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or					
	(loss)					
	d Net rental income or (loss)	▶				
) Other				
	7a Gross amount from sales of 324,795					
	assets other than inventory					
	b Less: cost or other basis and 0					
	sales expenses C Gain or (loss) 324,795					
	d Net gain or (loss)	•	324,795			324,795
	8a Gross income from fundraising events					
ne	(not including \$ 121,550 of					
-	contributions reported on line 1c). See Part IV, line 18 a	0				
Other Rever	b Less: direct expenses b	0				
<u>.</u>	c Net income or (loss) from fundraising events .	•	0			
the	9a Gross income from gaming activities.					
0	See Part IV, line 19					
	a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities .	<u> </u>				
	10a Gross sales of inventory, less returns and allowances					
	aľ	39,262				
	b Less: cost of goods sold b	10,783				
	C Net income or (loss) from sales of inventory .	>	28,479	28,479		
		ness Code				
	11a _{CHANGE} IN VALUE OF SPL	900099	-38,838			-38,838
	ь					
	c					
	d All other revenue					
	e Total Add lines 11a-11d	-				

• IOCOLI AGGINGS IIG IIG I I I I I I I	-	-38,838			
12 Total revenue. See Instructions	•	1,022,832	44,237	0	286,443

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Form 990 (2018) Page **10**

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	_	•	• •	▽
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				•
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	198,496	117,113	35,729	45,654
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	352,434	181,784	99,522	71,128
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,136	17,977	8,135	7,024
9 Other employee benefits	57,869	31,396	14,207	12,266
10 Payroll taxes	38,044	20,640	9,340	8,064
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,300	12,498	715	1,087
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	48,936		48,936	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	206,700	192,663	5,025	9,012
12 Advertising and promotion	16,193	13,965		2,228
13 Office expenses	15,771	9,414	2,157	4,200
14 Information technology	10,777	10,427	350	
15 Royalties				
16 Occupancy	60,233	46,665	8,985	4,583
17 Travel	24,900	12,727	9,412	2,761
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	52,672	7,920	4,514	40,238
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	78,744	68,822	3,937	5,985
23 Insurance	16,136	12,622	2,734	780
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a POSTAGE AND PRINTING	24,267	17,246	3,118	3,903
b OTHER EXPENSES	4.067		4.067	

-	.	0E.(1.2									
	r FXL	HIBITS		3,318	3,318						
•	LAI			3,310	3,310						
•	d										
•	All other expenses										
25	Total	I functional expenses. Add lines 1 through 24e		1,256,993	777,197		260	0,883	218,913		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).										
		3							Form 990 (2018)		
									101111 330 (2010)		
				— Page 11 ———							
Form.		(2018)							- 44		
	art X	Balance Sheet							Page 11		
F	all A	Check if Schedule O contains a response or not	o to an	y line in thic Port IV							
		Check it Schedule O contains a response of hot	e to an	y ille ill tills Fait iX	(A)			-	(B)		
					Beginning of	year			End of year		
	1	Cash-non-interest-bearing				210,170	1		308,315		
	2	Savings and temporary cash investments .					2				
	3	Pledges and grants receivable, net				422,211	3		306,077		
	4	Accounts receivable, net				998	4		601		
ıts	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete					5				
	6	Part II of Schedule L					6				
	7	Part II of Schedule L					7				
Assets	8	F				7,575	8		10,667		
Ä	9					10,395	9		14,353		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,938,920							
	b	Less: accumulated depreciation	10b	2,100,134		886,785	10c		838,786		
	11	Investments—publicly traded securities .					11	1			
	12	Investments—other securities. See Part IV, line 11			(6,512,939	12		5,909,602		
	13	Investments—program-related. See Part IV, line 11					13				
	14	Intangible assets					14				
	15	Other assets. See Part IV, line 11					15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)				3,051,073	16		7,388,401		
	17	Accounts payable and accrued expenses				42,659	17		40,430		
	18	Grants payable					18				
	19	Deferred revenue					19				
Liabilities	20	Tax-exempt bond liabilities					20				
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21				
	22	key employees, highest compensated employees, and disqualified									
		persons. Complete Part II of Schedule L					22				
	23	, , , , , , , , , , , , , , , , , , , ,					23				
	24					47 101	24				
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D				17,464	25		9,155		
	26	Total liabilities. Add lines 17 through 25				60,123	26		49,585		
ances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets				4,615,617	27		4,151,002		

8	28	Temporarily restricted net assets	28		2	,152,641
2	29	Permanently restricted net assets 1,033,173	29		1	,035,173
5		Organizations that do not follow SFAS 117 (ASC 958),				
5		check here ▶ □ and complete lines 30 through 34.				
2	30	Capital stock or trust principal, or current funds	30			
200	31	Paid-in or capital surplus, or land, building or equipment fund	31			
Ê	32	Retained earnings, endowment, accumulated income, or other funds	32			
2	33	Total net assets or fund balances	33		7	,338,816
=	34	Total liabilities and net assets/fund balances	34		7	7,388,401
		<u> </u>	•	F	orm 99	0 (2018)
		Page 12 ———————————————————————————————————				
m	990	(2018)				Daga 13
	rt XI	Reconcilliation of Net Assets				Page 12
-ai	II XI					
		Check if Schedule O contains a response or note to any line in this Part XI		• •	• •	
	Tota	I revenue (must equal Part VIII, column (A), line 12)	1		1	U33 833
•			2			,022,832
<u>.</u>		I expenses (must equal Part IX, column (A), line 25)	-			,256,993
5	Revenue less expenses. Subtract line 2 from line 1					-234,161
ŀ	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4					,990,950
5		unrealized gains (losses) on investments	5			-417,973
5	Don	ated services and use of facilities	6			
7	Inve	stment expenses	7			
3	Prio	period adjustments	8			
•	Othe	er changes in net assets or fund balances (explain in Schedule O)	9			0
LO	Net	10		7	,338,816	
Pa	rt XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				\checkmark
					Yes	No
1	Acco	unting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other				
•	If th	e organization changed its method of accounting from a prior year or checked "Other," explain in edule O.				
2a	Wer	e the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		es,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
		rate basis, consolidated basis, or both:				
		Separate basis Consolidated basis Both consolidated and separate basis				
				ļ ļ		<u> </u>
b		e the organization's financial statements audited by an independent accountant?		2b	Yes	
		es,' check a box below to indicate whether the financial statements for the year were audited on a separate olidated basis, or both:	e basis,			
		_				
	~	Separate basis				
c	If "Y	es," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
		e audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If th	e organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a		result of a federal award, was the organization required to undergo an audit or audits as set forth in the S t Act and OMB Circular A-133?	ingle	3-		No
h		es," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired	3a		No
		t or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	an cu	3b		
		· · · · · · · · · · · · · · · · · · ·			orm 99	0 (2018)
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Software ID: Software Version:

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